

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-008242

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

2295

STATE FILE NUMBER

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)

Length of stay in 1b

St. Louis

c. FULL NAME OF (If NOT in hospital, give location)

DePaul Hospital

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

c. CITY

St. Louis

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS

4211w Margaretta Ave

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED

First

Middle

Last

(Type or print)

Robert J. Adelsberger

4. DATE

Month

Day

Year

OF DEATH

Feb. 26, 1963

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

3/28/94

9. AGE (last birthday)

68 yrs.

IF UNDER 1 YEAR

Months Days Hours Min.

IF UNDER 24 HR

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Retired Owner

10b. KIND OF BUSINESS OR INDUSTRY

Battery Co.

11. BIRTHPLACE (City and state or country)

Waterloo Ill.

12. CITIZEN OF WHAT COUNTRY

U.S.

13a. FATHER'S NAME

Leo Adelsberger

13b. MOTHER'S MAIDEN NAME

Emma Rasmussen

14. NAME OF HUSBAND OR WIFE

Bertha Adelsberger

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

021

17. INFORMANT

Mrs. Bertha Adelsberger

Address

4211w Margaretta

18. CAUSE OF DEATH (Enter only one cause per line)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

Subarachnoid hemorrhage
Hypertension
330X

INTERVAL BETWEEN ONSET AND DEATH

2 days
2 years

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☒ NO ☐

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 3/24/63 to 3/26/63 and last saw him alive on 3/26/63

Death occurred at 11:45 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

J. O. Morrell

M.D.

22b. ADDRESS

231 Northland Nat. Bldg

22c. DATE SIGNED

3/28/63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

3/1/63

23c. NAME OF CEMETERY OR CREMATORY

Calvary Cemetery

23d. LOCATION (City, town, or county)

St. Louis Missouri

(State)

24. FUNERAL DIRECTOR

Morrell

ADDRESS

3710 N. Grand Blvd.

25. DATE RECD. BY LOCAL REG.

FEB 28 1963

26. REGISTRAR'S SIGNATURE

Road Smith, M.D.

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

USE BLACK INK

OR

TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Foran E. Rency

Licensed Embalmer No. 4094

P. O. Address St. Louis, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.